

STATE OF DELAWARE
MOTOR FUEL TAX ADMINISTRATION
GASOHOL LABEL APPLICATION

RETAIL DEALER LICENSE NAME: _____

RETAIL DEALER LICENSE #: _____ **TELEPHONE #:** _____

PHYSICAL MAILING ADDRESS: _____

GASOHOL (E10 - UNLEADED WITH 10% ETHANOL) LABELS REQUESTED:

OF LABELS **X COST PER LABEL** **= TOTAL PAYMENT DUE**

INSTRUCTIONS:

1. PLEASE NOTE THAT THE ABOVE REQUESTED LABELS ARE REQUIRED TO BE DISPLAYED ON BOTH SIDES OF EACH APPLICABLE DISPENSER WHERE FUEL IS DISTRIBUTED.
2. TO EXPEDITE THE PROCESS, THIS COMPLETED LABEL APPLICATION MAY BE HAND DELIVERED TO THE MOTOR FUEL TAX ADMINISTRATION LOCATED AT 303 TRANSPORTATION CIRCLE (ROOM 112) IN DOVER, DELAWARE, OR MAILED TO MOTOR FUEL TAX ADMINISTRATION, PO BOX E, DOVER, DE 19903.

PERSON REQUESTING LABELS: _____ **REQUEST DATE:** _____

SIGNATURE: _____

FOR OFFICE USE ONLY:

RECEIPT DATE: _____ **PROCESS DATE:** _____ **CLERK INITIALS:** _____

NAME OF PERSON RECEIVING LABELS: _____

SIGNATURE OF PERSON RECEIVING LABELS: _____

DATE OF LABEL RECEIPT: _____